

## **PUBLIC HEALTH COUNCIL**

Meeting of the Public Health Council, Tuesday, November 19, 2002, 10:00 a.m., Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts. Public Health Council Members present were: Deputy Commissioner Marianne Fleckner as Acting Chair, Ms. Phyllis Cudmore, Mr. Manthala George, Jr., Ms. Maureen Pompeo (arrived a few minutes late), Ms. Janet Slemenda, Dr. Thomas Sterne, and Dr. Martin Williams. Absent were Commissioner Dr. Howard Koh, Ms. Shane Kearney Masaschi, Mr. Albert Sherman, and General Counsel Donna Levin. Also in attendance was First Deputy General Counsel: Attorney Susan Stein, Acting Counsel.

\*\*\*\*\*

Acting Chair Deputy Commissioner Fleckner announced that notices of the meeting had been filed with the Secretary of the Commonwealth and the Executive Office of Administration and Finance, in accordance with the Massachusetts General Laws, Chapter 30A, Section 11A ½.

\*\*\*\*\*

The following members of the staff appeared before the Council to discuss and advise on matters pertaining to their particular interests: Ms. Joyce James, Director, Ms. Joan Gorga, Program Analyst, and Mr. Jere Page, Senior Analyst, Determination of Need Program.

### **PERSONNEL ACTIONS:**

In letters dated November 7, 2002, Katherine Domoto, M.D., Associate Executive Director for Medicine, Tewksbury Hospital, Tewksbury, recommended approval of the appointments and reappointments to the various medical staff of Tewksbury Hospital. Supporting documentation of the appointees' qualifications accompanied the recommendation. After consideration of the appointees' qualifications, upon motion made and duly seconded, it was voted (unanimously) [Note: Ms. Pompeo not present to vote]: That, in accordance with the recommendation of the Associate Executive Director for Medicine of Tewksbury Hospital, under the authority of the Massachusetts General Laws, Chapter 17, Section 6, the following appointments and reappointments to the various medical staffs of Tewksbury Hospital be approved for a period of two years beginning November 1, 2002 to November 1, 2004:

#### **APPOINTMENTS**

#### **STATUS/SPECIALTY**

#### **MEDICAL LICENSE NO.**

John Bertelson, M.D.

Provisional  
Consultant/Neurology

215359

Elizabeth Liebson, M.D.	Provisional/Consultant Psychiatry	80471
Amit Rajparia, M.D.	Provisional Affiliate Psychiatry	213319

<b><u>REAPPOINTMENTS</u></b>	<b><u>STATUS/SPECIALTY</u></b>	<b><u>MEDICAL LICENSE NO.</u></b>
Juliet Austria, M.D.	Active	51406
Teresita Buenaventura, M.D.	Active	40549
Daniel Hallissy, D.P.M.	Consultant	2135
David Gendelman, M.D.	Consultant	55101
Thomas Roberts, M.D.	Affiliate/Consultant	205670
John Santopietro, M.D.	Active	156555
David Sidebottom, M.D.	Consultant	48047
Robert Welch, M.D.	Active	60318

In a letter dated November 4, 2002, Paul D. Romary, Executive Director, Lemuel Shattuck Hospital, Jamaica Plain, recommended approval of an initial appointment and reappointments to the various medical staffs of Lemuel Shattuck Hospital. Supporting documentation of the appointees' qualifications accompanied the recommendation. After consideration of the appointees' qualifications, upon motion made and duly seconded, it was voted (unanimously): [Note: Ms. Pompeo not present to vote]: That, in accordance with the recommendation of the Executive Director of Lemuel Shattuck Hospital, under the authority of the Massachusetts General Laws, Chapter 17, Section 6, the initial appointment and reappointments to the various medical staffs of Lemuel Shattuck Hospital be approved as follows:

<b><u>APPOINTMENT</u></b>	<b><u>STATUS/SPECIALTY</u></b>	<b><u>MEDICAL LICENSE NO.</u></b>
Adriana Carrillo, M.D.	Orthopedic	209121

  

<b><u>REAPPOINTMENTS</u></b>	<b><u>STATUS/SPECIALTY</u></b>	<b><u>MEDICAL LICENSE NO.</u></b>
Stephen Wright, M.D.	Consultant/Internal Medicine/Gastroenterology	34464
Salin A. Dahlben, M.D.	Active/Psychiatry	45299
Daniel Naiman, M.D.	Active/Psychiatry	45442
Thomas Posever, M.D.	Active/Psychiatry	53630
Albert Franchi, M.D.	Consultant/Orthopedic Surgery	49738
Frederick Heller, M.D.	Consultant/Orthopedic Surgery	37067
Leonid Kotkin, M.D.	Consultant/Urology	151270

## **DETERMINATION OF NEED PROGRAM:**

### **CATEGORY 1 PROJECTS:**

#### **PROJECT APPLICATION NO. 4-3A38 OF SOUTH SHORE HOSPITAL – TO ESTABLISH A 10-BED NEONATAL INTENSIVE CARE UNIT TO BE LOCATED IN RENOVATED SPACE ON PRATT 2 OF THE HOSPITAL, 55 FOGG ROAD, SOUTH WEYMOUTH, MA:**

Ms. Joan Gorga, Program Analyst, Determination of Need Program, presented the South Shore Hospital application to the Council. Ms. Gorga said in part, "...South Shore Hospital is seeking approval for the development of a 10-bed neonatal intensive care unit (NICU). The application was reviewed using the NICU Guidelines, which were revised in July 2002 to allow community hospitals to care for less complicated newborn cases, reserving the more complex cases for the highly specialized services provided by the quaternary hospitals. South Shore Hospital has documented that it complies with the requirements of the guidelines, including more than 3,500 births per year, and has agreements with quaternary hospitals for both neonatology and perinatology. South Shore had over 4,000 births in the most recent fiscal year, and has developed arrangements with Children's Hospital for neonatology and New England Medical Center for perinatology. The NICU at South Shore Hospital will also be required to meet the licensure requirements for neonatal intensive care units. It has demonstrated both an understanding of those requirements and an agreement to comply with the requirements.... The applicant agreed to changes in the agreements for neonatology and perinatology suggested by DoN and HCQ staff. Staff recommends approval of the application."

Mr. David T. Hannon, CEO, South Shore Hospital, addressed the Council, "We are a general acute care hospital located 15 miles south of Boston... We think this is an important opportunity to address positively morbidity of newborns, reduce transfers, and provide a support system for the community that will eliminate some of the congestion that occurs regularly in the in-town facilities, and I would be happy to answer questions." [No questions asked].

After consideration, upon motion made and duly seconded, it was voted (unanimously) that **Project Application No. 4-3A38 of South Shore Hospital** be approved, based on staff findings, with a maximum capital expenditure of \$150,000 (August 2002 dollars) and revised first year incremental operating costs of \$2,783,000 (August 2002 dollars). A summary is attached and made a part of this record as **Exhibit No. 14, 743**. As approved, the application provides for development of a 10-bed neonatal intensive care unit (NICU) in renovated space on Pratt 2 at 55 Fogg Road, South Weymouth. This Determination is subject to the following conditions:

1. The applicant shall accept the maximum capital expenditure of \$150,000 (August 2002 dollars) as the final cost figure, except for those increases allowed pursuant to 105 CMR 100.751 and 752.

2. South Shore Hospital shall contribute 100% in equity (\$150,000 August 2002 dollars) toward the final approved MCE.
3. The applicant shall not consider ability to pay or insurance status in selecting or scheduling patients for NICU services.
4. The applicant shall submit to the Department quarterly statistics on the number of births in the hospital's service area; number of maternal and newborn transfers in from other hospitals; number of high-risk, complicated births cared for at the hospital's NICU; and number of high risk pregnant women and severely ill newborns referred to a quaternary hospital.
5. The applicant shall provide \$22,500 (August 2002 dollars) over a five-year period (\$4,500 annually) for mini-grants to further the priorities of the Community Health Network Area (CHNA). The funds shall be awarded to providers through an RFP process to be developed, administered and evaluated by the Blue Hills for Community Health Alliance (CHNA 20) and a representative of South Shore Hospital shall be included in the grant making process.

Staff's recommendation was based on the following findings:

1. The applicant is proposing to establish a 10-bed NICU service.
2. The health planning process for this project was satisfactory.
3. Consistent with the 2002 revised Determination of Need Guidelines for Neonatal Intensive Care Units (Guidelines), the applicant has demonstrated need for the 10 Neonatal Intensive Care Unit beds, as discussed under the health care requirements factor of the staff summary.
4. The project, with a condition, meets the operational objectives factor of the 1988 Guidelines.
5. The project meets the standards compliance factor of the 1988 Guidelines.
6. The recommended maximum capital expenditure is reasonable compared to similar, previously approved projects.
7. The recommended incremental operating costs are reasonable based on similar, previously approved projects.
8. The project is financially feasible and within the financial capability of the applicant.
9. The project meets the relative merit requirements of the 1988 Guidelines.
10. The Division of Health Care Finance and Policy submitted no comments on the proposed project.

11. The proposed community health service initiatives are consistent with DoN Regulations with a condition.

**PROJECT APPLICATION NO. 5-3A36 OF CAPE COD HOSPITAL, INC.:** (a) new construction of a new four story wing to increase the medical/surgical bed capacity from 158 beds to 218 beds, an increase of 60 beds, and to relocate the dietary department; (b) additional new construction to relocate the pathology laboratory, related administrative offices, and the magnetic resonance imaging (MRI) pad to other areas of the hospital; and (c) renovation to convert the existing dietary space to materials storage space and relocate the MRI nurses station.

Mr. Jere Page, Senior Analyst, Determination of Need Program, presented the Cape Cod Hospital project to the Council, Mr. Page stated, "...The applicant is seeking approval for new construction and renovation on the hospital's campus in Hyannis. The new construction involves a new four-story wing to increase the hospital's medical/surgical bed capacity from 158 to 218 beds, an increase of 60 medical/surgical beds, and to relocate the Dietary Department. Additional new construction will allow relocation of the pathology lab and related administrative offices, and the hospital's MRI pad to other areas of the hospital's campus. There is also renovation proposed to convert existing dietary space to materials management storage space and relocate the MRI nurses station. This new construction and renovation is intended to correct a number of functional and physical inadequacies inherent in the hospital's current space that hinder its ability to meet the needs of its medical/surgical patients, as well as accommodate to the changes in medical equipment and technology to provide state of the art services. The recommended maximum capital expenditure is \$36,585,720, which will be financed through an 8.7 million dollar equity contribution from the hospital, and a tax-exempt bond issue from the Massachusetts Health and Educational Facilities Authority, and the amount of that financing will 27.8 million dollars. Funding for community initiatives associated with this project is substantial. Over 1.8 million dollars will be provided over five years for various community programs in the hospital's service area. Some of these involve community health center development, interpreter services, the Cape Cod SANE Program, an Emerging Leadership Program, as well as Brazilian Health Advocacy, the Harmonic Outreach Program, Child Mental Health and Access Epidemiologist for Cape Cod. We are recommending approval of this project with conditions..."

Discussion followed, whereby Council Member Sterne inquired about the projected bed need. Staff explained that the Determination of Need Program no longer regulates medical/surgical beds – that the application was filed due to the capital expenditure. Staff reviewed need in terms of the space requirements. Council Member Slemenda asked about the extra shell space requested. Mr. Page noted that there are two floors of shell space requested for future use (42,000 gsf). Ms. Slemenda said that she thought it was a good idea to plan ahead and request the extra shell space now. Staff noted that the hospital might have to file a DoN in the future to use the space, if the MCE exceeds the threshold. A condition is included on this project which states this.

Senator Robert O'Leary, representing Cape Cod and the Islands, addressed the Council, "The Cape and the Islands has been and continues to be the fastest growing area in the Commonwealth of Massachusetts. We are home to an increasingly elderly population and hosts of tens of thousands of seasonal residents, who depend on the hospital for services. The hospital recently

started an open-heart surgery program for Cape residents, and we will be adding an elective angioplasty program in 2003. It is one of only two hospitals in the region, and it needs to grow in order to continue to meet the needs of our constituents. The sixty additional medical/surgical beds in the proposed project would be filled, without a doubt in my opinion. I encourage you to approve this application. There are also 1.8 million dollars of community programs associated with this project that are appropriate for the Cape and Islands.”

Representative Demetrius J. Atsalis, representing the waterfront district of Hyannis and part of Yarmouth of Cape Cod, testified to the Council, “...He said in part, “The population on Cape Cod of seniors is the highest rate within our state, and because of that, and because of the summer population swelling from two hundred and fifty thousand people to three quarters of a million people, we need the additional beds. Presently, Cape Cod Hospital is at 90% or above for occupancy for beds - that is about 15-18 points ahead of the state average, so obviously there is a need there. And that is why myself and Senator O’Leary are here today on behalf of Cape Cod Health Care and Cape Cod Hospital to get this Determination of Need Certificate for Cape Cod Hospital.”

Representative Eric Turkington, of Barnstable, Dukes and Nantucket District, mailed in a letter of support for the project. In part, the letter said, “...I’m writing to express my strong support for the proposal by Cape Cod to build a four-story wing to add sixty beds to its medical/surgery unit, and to relocate its dietary department, pathology laboratory, administrative offices and MRI pad. Cape Cod Hospital and its affiliate, Falmouth Hospital, both are located in my legislative district and both have succeeded in the past several years in providing economically viable health care as well as medically advanced health care to the people of Cape Cod. In addition to these successes, their parent entity, Cape Cod Health Care, has reached out to the community in many ways over the years, providing community benefits far beyond those it provides within its own facilities. It is my hope that this history of contributing to the community could be augmented this year with a helping hand to a small but vital community organization, the Upper Cape Free Clinic, which is in real danger of closing its doors...”

Mr. Stephen L. Abbott, President/CEO, Cape Cod Health Care, addressed the Council. He said in part, “...Cape Cod Hospital has been around for 83 years. It is not only a growing, vibrant community hospital, but also a regional referral center and now offers cardiac surgery and that program is doing very well... We ask for approval for this needed project. Some of these beds will be converted from existing beds, which are old and in need of replacement. We would like the flexibility to do that over time. We have had extensive community support for this project shown not only from our advocacy groups but philanthropy from residents of \$9 million dollars....”

Ms. Gail Frieswick, Executive Vice-President, Cape Cod Health Care/Chief Administrative Officer of Cape Cod Hospital, testified to the Council. Ms. Frieswick said in part, “...Dramatic growth in population is our primary concern, and really our concern about the future itself. The seniors represent the largest portion of our population with over 23 percent of the Cape’s population over 65 years of age, compared to the state average of 13.5%. We know that the nearest tertiary care facility is well into Boston; which, based on traffic and time, could be well over two hours. In addition, to the growth of the year round residents, probably our biggest

problem is during the summer with the influx of our seasonal population. The summer population actually increases the service area population by over four hundred thousand. We average about sixty to seventy new inpatient admissions during this period. The admission increased by 21% since FY'95 for us. Our referral outpatient business actually has tripled during the same period...Emergency room visits for FY'02 was just under 80,000 visits; and on the 4<sup>th</sup> of July, we saw one patient every four minutes...We are proud that we have avoided emergency room diversion. The addition of these beds will allow us to address our capacity issues now and we believe in the future, which we are very concerned about. We hope that you will approve this project and allow the Cape Cod Hospital to move forward..."

After consideration, upon motion made and duly seconded, it was voted (unanimously): to approve **Project Application No. 5-3A36 of Cape Cod Hospital, Inc.**, based on staff findings, with a maximum capital expenditure of \$36,585,720 (July 2002 dollars), and revised first year operating costs of \$14,908,520 (July 2002 dollars). A summary is attached and made a part of this record as **Exhibit No. 14,744**. As approved, the application provides for new construction of a four-(4) story wing to increase the hospital's medical/surgical bed capacity from 158 to 218 beds and relocate the existing dietary department. Additional new construction will relocate the pathology laboratory and related administrative offices, and the magnetic resonance imaging (MRI) pad to other areas of the hospital. The project also includes renovation to convert existing dietary space to material management storage space and to relocate the MRI nurse station. This Determination is subject to the following conditions:

1. Cape Cod Hospital shall accept the maximum capital expenditure of \$36,585,720 (July 2002 dollars) as the final cost except for those increases allowed pursuant to 105 CMR 100.751 and 752.
2. Cape Cod Hospital shall contribute 24% in equity (\$8,780,572 in July 2002 dollars) to the final approved MCE.
3. The total gross square feet (GSF) for this project shall be 126,700: 76,700 GSF for new construction of a four-(4) story wing to increase the Hospital's medical/surgical bed capacity from 158 to 218 beds, and relocate the dietary department, pathology laboratory and related administrative offices, and the Hospital's MRI pad; 42,400 GSF for two floors of shell space which the applicant may construct at its own risk; and 7,800 GSF for renovation to convert existing dietary space to material management storage space and relocate the MRI nurses station.
4. Cape Cod may build two floors (42,200 GSF) of shell space in the new wing, if the hospital does not claim reimbursement for any depreciation or interest allocated to any floor of the shell space unless and until the hospital (1) devotes this space to health care activities, and (2) obtains DoN approval, if required. Under current law, DoN approval would be required if (1) the cost of finishing any floor of the shell space plus the portion of the cost of the shell space allocated to the floor is at least equal to the applicable DoN capital expenditure threshold or (2) the hospital proposes a substantial change in service.

5. Cape Cod Hospital shall provide a total of \$1,829,285 (July 2002 dollars) over a five year period to fund the following community health service initiatives:

**a) Community Health Center Infrastructure Development**

A total of \$600,000 will be provided over five years at \$120,000 per year to assist four community health centers on Cape Cod with some administrative expenditures related to creating and maintaining a Cape Cod Community Health Center Network. The community health centers include the Cape Cod Free Clinic at Falmouth, the Mid/Upper Cape Health Center, Duffy Health Center, and Outer Cape Health Services. Each of these health centers provide comprehensive health services to underserved populations in different regions or to different constituencies of Cape Cod, but they operate and function as independent entities with very limited communication or sharing of resources. As a first step in bridging the collaboration gap, the health centers will hire a consulting firm to conduct a multilevel evaluation of the health centers that explores the feasibility of sharing administrative, clinical and/or fiscal expertise.

**b) Interpreter Services**

A total of \$125,000 will be provided over five years at \$25,000 per year to assist with certification training for medical interpreters and other interpreter needs, as determined by Community Based Interpreter Services, a community-based model managed by the Visiting Nurses Association of Cape Cod. This program works with a pool of trained medical interpreters who are dispatched to human service organizations, health centers and hospitals throughout Cape Cod on a need by need basis.

**c) Cape Cod SANE Program**

A total of \$164,285 will be provided over five years at \$32,857 per year to implement and fund a State Certified Sexual Assault Nurse Examiner (SANE) program in Cape Cod, which will provide a coordinated community response to victims of sexual assault over the age of 12. The program will provide nurses to serve victims at the emergency rooms of Cape Cod and Falmouth Hospitals, as well as at Independence House, a community-based organization serving victims of domestic violence. The above funding will be used to implement the SANE program, as well as cover the training of SANE nurses (\$10,000) during FY 2003. Costs associated with this program include \$150 per examination, \$100 if the nurse is asked to testify in court, and \$50 to attend the required monthly meetings. In addition, there are other operational costs such as annual re-certification, books, and educational seminars that SANE nurses are expected to attend.

**d) Emerging Leadership**

A total of \$75,000 will be provided over five years at \$15,000 per year to fund the Emerging Leadership Initiative, which will actively recruit, train and promote leaders from at least three Cape Cod communities in order to infuse new leadership in existing health advocacy groups or health service organizations in Cape Cod. This initiative will be developed and implemented by



an advisory team who will include potential participants, e.g., members of the Brazilian community, the Wampanoag community, people over 65, and others. Also, the advisory team will include the Regional Centers for Healthy Communities, Cape Cod Community College, and other relevant local organizations interested in community leadership development. Existing advocacy groups and health service organizations where emerging leaders will be encouraged to join include the Community Health Network Area (CHNA #27), the Community Benefits Advisory Council, the Lighthouse Health Access Alliance, Cape Cod HealthCare's Community Health Committees, Cape Cod HealthCare Board of Trustees, and all community health centers' boards.

**e) Brazilian Health Advocacy**

A total of \$175,000 will be provided over five years at \$35,000 per year to fund a Brazilian Health Advocate (.5FTE), who will be employed by the Brazilian Organization for Services and Support (BOSS), and will provide information and referrals about health and human services to Brazilians living in Cape Cod. This individual will also serve as liaison between Cape Cod Hospital and the Brazilian community and liaison between the Brazilian community and CHNA #27, as well as assist with the enrollment to the English as a Second Language Classes organized by BOSS and held at Cape Cod Hospital.

**f) Harmonic Outreach Program (HOPE)**

A total of \$276,000 will be provided over five years at \$55,200 per year to provide an additional full time (1.0 FTE) Outreach Educator/Enrollment Specialist in the Mid-Cape area and a part-time (.20 FTE) Outreach Educator/Enrollment Specialist for the Lower Cape. These individuals will work in community health centers through the Harmonic Outreach program (HOPE), which provides linkage to primary care providers and enrollment in health insurance to un/underinsured residents of Cape Cod and the Islands.

**g) Child Mental Health**

A total of \$300,000 will be provided over five years at \$60,000 per year to provide a full-time (1.0 FTE) child psychiatrist to provide free or sliding scale psychiatric services to children and adolescents in Cape Cod and the Islands. As estimated 25% of children and adolescents are affected by a mental disorder, and the demand for children and adolescent psychiatric services continues to grow on Cape Cod despite a shortage of psychiatric staff to serve this growth.

**h) Access Epidemiologist**

A total of \$114,000 will be provided over five years at \$22,800 per year to provide a part-time (.20 FTE) epidemiologist to generate and track Cape Cod specific access data for health services and monitor Cape Wide progress toward Healthy People 2010 Objectives. Currently, Cape Cod specific data on access to health services is almost non-existent, which severely limits the ability to demonstrate need and provide funding for certain services on Cape Cod. The above part-time

epidemiologist will work closely with Barnstable County Human Services, community health centers, Cape Cod and Falmouth Hospitals, and other key organizations providing health care to create and monitor health access data.

Funding for these above initiatives will begin upon project implementation, and notification to the Department's Office of Healthy Communities at least two (2) weeks prior to implementation. Within a month after implementation, the Hospital will conduct a briefing for CHNA #27 on the start-up of these initiatives, which are described in more detail in Attachment 1 of the staff summary. In addition, an oral status report on the progress of these initiatives will be presented to CHNA #27 on a yearly basis for five years by Cape Cod Hospital and appropriate partners.

### **COMPLIANCE MEMORANDUM:**

#### **PREVIOUSLY APPROVED DoN PROJECT NO. 6-3942 OF NORTH SHORE MEDICAL CENTER-UNION HOSPITAL – PROGRESS REPORT:**

Ms. Holly Wright, Program Analyst, Determination of Need Program, presented the progress report on Previously Approved Project No. 6-3942 of North Shore Medical Center Union Hospital. Ms. Wright noted, "...For those of you not here in 1997, the Council gave approval to the transfer of ownership of Union Hospital to North Shore Medical Center. The approval was contingent upon the hospital meeting fourteen conditions. Over the past five years, they have been back on numerous occasions to report to the Council on their progress. The Lynn Health Task Force has been very involved in the development of the conditions and working with the hospital on implementing the conditions. At the Council meeting in March, it is fair to say that the relationship between the Lynn Health Task Force and the hospital was, one might say, on the rocks, and even though a lot had been accomplished in four years, things were not going so well, but I am very happy to say that, for the first time in five years, things are better than ever. They even submitted a joint report on their progress."

Ms. Wright continued, "...The Council, in March, decided that the two areas that should be given attention, that they would like to hear about at this meeting, were free care, statutory free care, the percentage of gross patient services revenue going to free care, and inpatient specialty services for free care eligible patients. Since I have had some first hand experience because the Council saw fit to ask me to attend some of the meetings for the first time, I am happy to say that there is a lot to be proud of. It was a tremendous challenge, and although there are a lot of issues regarding free care and specialty services, the real tough challenge was, how does a community hospital with independent specialty groups deal with paying for specialty services for free care eligible patients?" Ms. Wright noted that Dr. Dean Wasserman, provided the leadership, physician to physician to develop the mechanism that is now in place and working for some specialties. She said it would be a model for expanding this to other specialties.

Mr. Robert Norton, President, North Shore Medical Center/Union Hospital, addressed the Council. He said, "...The approval of the DoN (five years ago today) began what is a fairly unique collaboration between the Council and the staff, the Lynn Health Task Force, the members of the Union Hospital family, North Shore Medical Center and Partners HealthCare in improving care to the community. As Holly mentioned, there has been a lot of work that has

gone on. In recent months, significant improvement in primary care through a new partnership that we have developed with the Lynn Community Health Center, to actually build an expanded health center in the community of Lynn, with support from Partners and North Shore Medical Center to provide that setting; vast improvements in specialty care, again as have been noted, in areas such as pulmonary medicine, endocrinology, cardiology, infectious disease and orthopedics; and last, but not least, inpatient services available for specialty care by both members of the Department of Medicine and Department of Surgery of the Union Hospital medical staff; all, as Holly mentioned, on a voluntary basis. There has been a tremendous step forward in that regard.”

Mr. Norton continued, “We are here this morning producing a joint report with our colleagues from the task force. I think that is a significant step forward that sets the tone for the working relationship that we pledged to have going forward. We have had, in the last few months, three different meetings with our board leadership and members of the task force setting this new agenda in motion, and making sure that we lived up to the commitments that we made over that period of time. I think the Council, the Lynn Health Task Force, the Lynn Community Health Center, and our colleagues at the hospital should be very proud of what we have brought into existence here. Just a few short years back, the actual future of the Lynn Hospital was in jeopardy and there aren’t many successful hospital stories these days that you read in the paper. You read all about high costs and about some of the negative things that happen. This is a true success story. I think of the community and the state, and this agency, members of the North Shore Family and Partners coming together to literally save that hospital. It is now financially stable and working collaboratively with the community to produce a base of care in the Lynn community.”

In closing, Mr. Norton stated, “...We are not here to report that our work has ended. This work never ends. As some of you know, I’m sure, with the economic conditions that are present today, we are facing this year what could be the largest shortfall in the uncompensated care pool in recent memory. The latest figures show a hundred and fifty million dollars of shortfall this year as a potential challenge that we have to deal with. We are going to be in this business for a long, long time – working collaboratively with our colleagues in making sure that we do everything possible to provide access to care. We look forward to returning next year to report our progress again. I think it has been a tremendous effort in the last few months in particular, and we will be back in a year...”

Ms. Leslie Greenberg, Chair, Lynn Health Task Force, addressed the Council. She said, “...We are pleased to be here again, and especially this year. It is hard to believe that this is our fifth year reporting to you on the implementation of the Determination of Need conditions, and I remind you that these conditions were part of your approval of the transfer of Union Hospital’s license to North Shore Medical Center. This was not only precedent setting in Massachusetts, but across the United States. We really appreciate your interest and ongoing support throughout this process; and, without your understanding, we would never be where we are today. For the first time, the Lynn Health Task Force and the Hospital have filed a joint report to the Public Health Council. We have certainly come a long way. This would not have been possible without the involvement of North Shore Medical Center’s Robert Norton and Dr. Dean Wasserman, Lori Long, and Holly Wright, of the Determination of Need staff. As you know,

last March, when we were here, we were definitely not on the same page. The task force was feeling very frustrated. We felt that we were not moving forward...We had no reason to believe that with the new administration things were going to get better, but happily we were wrong. With hard work and cooperation and collaboration, we have moved forward. We would like to give credit to the vision and leadership of Bob Norton, who seems to have a true understanding of community partnerships. With this type of relationship, we can accomplish a great deal, and provide true health access to all of the residents of Lynn, and the task force hopes that this will continue and allow us to have a long successful association with the hospital.”

Ms. Greenberg continued, “We are pleased that North Shore Medical Center and Union Hospital have begun to develop a plan for the systematic approach to specialty care for the uninsured. While we know that there is much work to be done, and there is a difficult road ahead of us on this important mission, the foundation has been placed in order to go forth. Our hospital partners have really shown courage and wisdom to go in a different direction than they have in the past, and we all know that changes are not always that easy to do, but that the hospital has been willing to look at solutions in a different way. We thank Dr. Wasserman for his commitment, courage and willingness to take the lead and bring his idea of a coordinated specialty care system to his fellow doctors at the hospital. Not only have the hospital leaders looked at the outpatient problems and how to address them, but also they have forged ahead and started to put together a program for inpatient access. With these types of programs, uninsured patients will be able to be treated for problems at an outpatient clinic, and if they have to be admitted, they will be able to be treated and recover, and then be released without worrying about huge bills, as they have in the past.”

Ms. Greenberg noted some of the initiatives that the Lynn Health Task Force is involved with in the community. She noted that some of the conditions of the DoN have not been met such as: to add five new providers to the community’s resources; mental health and substance abuse services; pharmacy access to the uninsured; and outreach planning and coordination.

In closing, Ms. Greenberg said in part, “...I would like to thank the Public Health Council and staff – your involvement in the process allows us to continue our mission of providing quality accessible and affordable health care for all our Lynn residents. By your overseeing this process, it allows the Task Force and the Hospital to have a forum to discuss our successes and failures, and to keep up on track to complete our ongoing mission of providing health care access for all...We ask that you adopt the staff recommendations and allow us to come back next year at this time to report on the other conditions I have mentioned...”

Council Member Sterne thanked Ms. Greenberg for an “eloquent and insightful paper”. He further congratulated the task force, staff and leadership of the hospital for their collaboration. He also noted that the perseverance of the task force has not gone unnoticed by the Council. In regards to the free care pool, Dr. Sterne said, “...Even in healthy economic times, a free care pool system does in no way, shape or form guarantee financial safety for patients poor enough to qualify for free care benefits, but ill enough to either require hospital care in the community or specialty care in the community. People need to remember that the free care pool applies first and foremost to hospitals as institutions – that there is no priori system for paying – especially private physicians by that system. So, if you can escape the catastrophic cost of a day in a

hospital, but if you earn ten or fifteen thousand dollars a year, to incur costs of several hundred dollars a day in physician and pharmacy bills is equally untenable, and in fact makes a farce of the concept of free care... This is the first effort that I am aware of where there has been a work-through system of trying to address that issue for patients that is acceptable to the institution and the providers. It is, from my perspective as a physician, virtually groundbreaking. I want to compliment both sides on that process. I hope that other locations learn from this and maybe they will learn if they had advocacy groups perseverant as the Lynn Task Force. If your kind of change process can be propagated to other locations, the free care system will do what it was intended to do a lot better.”

After consideration, upon motion made and duly seconded, it was voted (unanimously): that **Previously Approved DoN Project No. 6-3942 of North Shore Medical Center-Union Hospital return in one year’s time to present a progress report to the Council on compliance with conditions of approval for the transfer of ownership of said project.**

\*\*\*\*\*

The meeting adjourned at 11:00 a.m.

---

Marianne Fleckner, Deputy Commissioner  
Acting Chair

LMH/lm